Thunder Bay Regional Health Sciences Centre

Quality Improvement Plans (QIP): Progress Report for 2020/21 QIP (Quarters 1 to 3)

ID	Quality Dimension	Measure/Indicator from 2019/20	19/20 Performance	20/21 Target	20/21 Current Performance	Comments
Theme 1: Timely and Efficient Transitions						
1	Timely	Time interval between the Disposition Date/Time (as determined by the main service provider) and the Date/Time Patient Left Emergency Department (ED) for admission to an inpatient bed or operating room.	38.43 hours	35.0 hours	18.6 hours	The Hospital tried a number of strategies to reduce these waits and is actively working on more. These include creation of an 8-bed Medical Assessment Short Stay Unit, a number of strategies related to expediting admission for mental health patients, and several rapid cycle improvements.
Change Ideas from Last Year's QIP (QIP 2020/21)				**Was the change idea implemented as intended?**		**Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?**
1) Identify current resource gaps and make strategic investments to address them.				Yes		Despite the aforementioned strategies, related investments, and rapid cycle improvements, it has become clear that the main driver of reduced waits is reduced occupancy. Occupancy was about 9% better than 19-20 and ED waits correlated closely with occupancy levels.
2) Identify delays and related root causes and identify improvements.				Yes		Some of the data required to assess root causes for delays is not readily available which required chart reviews and in some cases data that would be helpful was not being captured in the electronic medical record so had to be tracked manually.
Theme 2: Service Excellence						
2	Patient-centred	Percentage of respondents (Inpatient and Maternity) who responded "completely" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	69.29%	71.4%	73.3%	The Hospital's performance on this indicator continues to improve. The Hospital reviews results on an ongoing basis and adjusts methods and efforts to sustain ongoing improvement.
Change Ideas from Last Year's QIP (QIP 2020/21)				**Was the change idea implemented as intended?**		**Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?**
1) Improve front-line staff understanding on approaches to impact results.				Partially		Some managers have been engaging their staff regarding unit results, but this is not being done consistently. Covid restrictions limited comprehensive implementation of this idea.
2) Improve patient understanding through modifications of patient oriented discharge summary (PODS) tool.				Yes		The PODS tools and related improvement efforts continue to evolve based on ongoing evaluation and engagement with patients and Hospital staff.
Theme 3: Safe and Effective Care						
3	Effective	Medication reconciliation at admission: Total number of admitted patients for whom a Best Possible Medication History (BPMH) was created as a proportion of total number of patients admitted.	41.4%	50.0%	57.1%	The Hospital's performance on this indicator continues to improve steadily, and improvement extends beyond BPMH to include comprehensive medication reconciliation for a higher percentage of patients than in the past. This has been achieved by incremental investments in dedicated pharmacist and pharmacy technician capacity, as well as use of pharmacy students to supplement core pharmacy staff capacity.

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1) Adjust pharmacy staffing model dedicated to medication reconciliation to ensure completion of higher percentage of BPMH.				Yes		As noted, a new staffing model has been established and funded. However, it has proven challenging to sustain consistent results as at times, dedicated staff responsible for medication reconciliation must be re-deployed to support increased in demand for pharmacy services, due to Covid or for other reasons.
4	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12-month period.	684	700	384	The Hospital has experienced increases in workplace violence, especially in its Emergency Department. A current state assessment was completed with ED and other Hospital staff and physicians, as well as external service providers and stakeholders. Feedback from this assessment is being used to inform a number of strategies that are being implemented. As well, the Hospital has reorganized its workplace violence working group structures and has created an Incident and Risk Analysis Working Group to examine risk, determine root causes, identify gaps and assign priorities.
Change Ideas from Last Year's QIP (QIP 2020/21)				**Was the change idea implemented as intended?**		**Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?**
1) Continue enhancing current workplace violence prevention program.				Yes		Sustaining momentum on workplace violence prevention initiatives has proven challenging during the Covid pandemic. At the same time, incidence has increased but distancing requirements have been difficult to accommodate. All this has left Hospital staff feeling more vulnerable than in the past. A robust communication plan is being developed to engage staff, physicians and stakeholders regarding progress to date, planned improvements and to encourage ongoing engagement.
5	Safe	Number of times that hand hygiene was performed before initial patient contact and after patient contact, divided by the number of observed hand hygiene opportunities.	71.5%	75.0%	67.0	The Hospital changed its approach to measuring hand hygiene compliance in 2019-20 to include a higher percentage of testing by IPAC staff. Compliance rates for IPAC are substantially lower than those collected by unit managers, which has reduced the Hospital's overall reported compliance considerably. Some planned improvement initiatives were paused during the Covid outbreak but will likely be re-started in the near future.
Change Ideas from Last Years QIP (QIP 2020/21)				**Was the change idea implemented as intended?**		**Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?**
1) Continue advancing work of Infection Prevention and Control Committee (IPAC).				Partial		Typically, IPAC leads improvement efforts related to hand hygiene but also experienced increased high urgency demand for its services during the Covid pandemic, which made it difficult to manage all workload.
6	Safe	Percentage of time that 1 or more inpatient units are in outbreak.	92.0%	80.0%	8.7%	The Hospitals's results improved dramatically during 2020-21. This was accomplished by working with Admitting to reduce number of bed moves, changing to a different type of

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						disinfectant wipes, thorough investigations, lower occupancy levels, and improvements in housekeeping practice and related processes and products.
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1) Continue work to develop and formalize hospital-acquired "infection rate" for VRE.				Yes		
2) Leverage improvements in products, investigations, and processes.				Yes		Opportunities for improvement and related efforts focused on both reducing outbreak frequency and duration. The multi-faceted methods used have proven very effective.
Equity						
7	Equitable	Indigenous patient self-identification.	n/a	n/a	n/a	This initiative enables patients to self-identify as Indigenous at various admission points throughout the Hospital, or use an on-line self-serve web form. The initiative is progressing nicely and should be completed by Mar 2021. Once complete, the Hospital will be able to leverage the data being captured to gain better insights into results and outcomes for Indigenous patients, and use this to adjust operations to provide better and more effective services.
Change Ideas from Last Year's QIP (QIP 2020/21)				**Was the change idea implemented as intended?**		**Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?**
1) Introduce process to enable Indigenous patients to self-identify on registration.				Yes		This initiative proved more detailed and complex than first imagined and presented a number of challenges that were considered and overcome by the project team.